

Conifers Care Limited

Conifers Nursing Home

Inspection report

The Conifers
Hambleton
Poulton Le-Fylde
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Lancashire
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Date of inspection visit: 29 September 2015
Date of publication: 10/11/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection visit took place on 29 September 2015 and was unannounced.

The Conifers is a purpose-built care home situated in the rural village of Hambleton. The home is located in a quiet cul-de-sac within its own grounds. The home provides nursing and dementia care for 55 people. The accommodation comprises of 47 single and four double rooms, many which have en suite facilities. There are

communal lounges and dining areas. A passenger lift is available. There is a large parking area to the front of the home, and rear safe garden area. At the time of the inspection 52 people were living at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 06 May 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Some people had complex needs and were not able to tell us about their experiences. However comments from people we spoke with told us they felt safe because there were sufficient staff on duty to meet their needs. We found people's care and support needs had been assessed before they moved into the home with risk assessments in place to ensure people's safety. Care records we looked at contained details of people's choices, personal likes and dislikes.

Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. One staff member said, "We have had safeguarding training recently which is regularly updated."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action when required.

We observed medication being administered in a safe manner. We looked at how medicines and controlled drugs were managed. We found appropriate arrangements for their recording and safe administration.

People were happy with the variety and choice of meals available to them. During the day we observed drinks being served as and when people who lived at the home requested them. The cook had information about people's dietary needs and these were being met. One person who lived at the home said about the quality of food, "Great food and always plenty of choice."

We found examples where the service had responded to changes in people's care needs. We found evidence in records where referrals had been made to external professionals. Records were up to date and reviewed providing information for staff to deliver quality care.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members.

The area manager and registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys and regular auditing of the service to monitor the quality of care being provided. We found people were satisfied with the service they were receiving.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We found there were sufficient staff on duty to meet people's needs. Also safe recruitment practices were in place to ensure appropriate personnel were employed.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments were undertaken to identify risks to people who lived in the home. Written plans were in place to manage these risks.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Good



Is the service effective?

The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

The registered manager and staff had an understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not restricted.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Good



Is the service caring?

The service was caring.

We observed that staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Good



Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home.

Audits and checks for the running of the service were regularly undertaken and identified issues were acted upon to improve the quality of care provided for people.

The views of people who lived at the home and relatives were sought by a variety of methods.

Conifers Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection visit carried out on the 29 September 2015.

The inspection visit was carried out by an adult social care inspector, a specialist advisor who had experience of people living with dementia and by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a care background with expertise in care of older people.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about this service. They included the area manager, registered manager, deputy manager, two nursing staff and seven staff members. We also spoke with ten people who lived at the home, six relatives and with the commissioning department at the local authority. They told us they had no ongoing concerns about The Conifers. We did this to gain an overview of what people experienced whilst living at the home.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We did this because the majority of people at The Conifers were living with dementia and unable to fully express their needs.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to three people who lived at The Conifers and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

We spoke with people who lived at the home. They told us they felt safe and their rights and dignity were respected. One person said, "The staff are wonderful, I feel safe in the knowledge people are always around me." A relative we spoke with said, "It is a safe and secure building that makes me feel comfortable my relative is in safe hands."

We had a walk around the building and looked into bedrooms with permission from people who lived at the home. We found call bells were positioned in bedrooms close to hand so people were able to summon help when they needed to. One person said, "They generally come straight away when I need them." We checked the system and found staff responded to the call bells in a timely manner.

We noticed staff wearing appropriate protective clothing. These included items such as aprons and gloves when required. One staff member said, "It is important to take hygiene seriously to minimise the risk of infection." We found the home was clean, tidy and maintained. No offensive odours were observed during the day. Hand sanitising gel and hand washing facilities were available around the building, and were observed being used by the staff. We spoke with people who lived at the home about the cleanliness of the building and comments included, "Yes they keep the place very clean." A relative said, "It is always clean when we visit."

We found equipment had been serviced and maintained as required. Records looked at confirmed gas appliances and electrical facilities complied with statutory requirements and were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines to ensure people were not at risk of scalding.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care practices. We looked at training records for staff and found the registered manager and staff had received safeguarding vulnerable adults training. Staff spoken with confirmed this. The service had a whistleblowing procedure which was on

display in the hallway. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any issues or concerns about other staff members care practice or conduct.

We examined three care plans of people who lived at the home. There was evidence in people's care records of comprehensive risk assessments. They included falls management, moving and handling and pressure ulcers. The risk assessments were updated monthly and entered on a computerised system. One nurse said, "The system is very good and simple to follow."

Records were kept of incidents and accidents. Records looked at demonstrated action had been taken by the management team following incidents that had happened. For example one person had a number of falls. Staff had reviewed their care plan and ensured more staff support was in place and equipment used to transfer the person to reduce the risk of future accidents.

We discussed staffing levels with the registered manager and looked at staffing rotas for the week. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people living with dementia. During our observations we saw people requesting help were responded to in a timely manner. People we spoke with felt there were sufficient staff deployed around the service to keep people safe and provide the care they required. For example one staff member said, "I know as a staff group we have enough staff around to provide the care people need." Also a relative said, "I am impressed with the amount of staff around that makes me feel my [relative] is safe."

Staffing levels had been assessed and were monitored as part of the registered managers audit processes. The registered manager told us they reviewed staffing levels on a regular basis. For example when admissions went up or down, staffing levels were amended.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work at the service. One staff member said, "The process was good. I have done care before but I still had to shadow other staff members for a period which I thought was very thorough." Two recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks

Is the service safe?

included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers.

We found medicines were administered safely. We observed medicines being administered at lunchtime with the registered nurse. We found medicines were administered at the correct time they should be. We observed the staff member ensured medicines were taken, by waiting with the person until they had done this.

The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only nursing staff were allowed to administer medication. This was confirmed by talking with staff.

There were controlled drugs being administered at the service. This medication was locked in a separated facility in the medication room. We checked the controlled drugs register and correct procedures had been followed. Records looked at showed the correct record keeping for the amount of tablets left in stock were accounted for. This meant medicine processes were undertaken safely.

Is the service effective?

Our findings

By observing interactions between staff and people who lived at the home and talking with them, it was clear people were receiving effective and appropriate care which was meeting their needs. For example comments included, "Staff here go above and beyond the call of duty." Also, "The care for [relative] is very good. The staff know what they are doing and it works." A relative said, "When [relative] came here from hospital they weighed 6.5 stone. With the care and devotion shown by staff here they now weigh 9.5 Stone."

We looked at training records for staff members. Records showed members of staff had completed key training in all areas of safeguarding vulnerable adults, dementia awareness, fire safety and first aid. Staff told us this was part of the management team's mandatory training schedule. One staff member said, "I have never had so much training on offer the manager is always putting courses on."

Staff told us they were encouraged by the registered manager and senior staff to further their skills by obtaining professional qualifications. For example one staff member told us they were about to take their nursing qualifications supported by the management team. They said, "I want to make a career out of nursing and the manager has been brilliant." The continuing programme of training for staff ensured staff were competent to provide quality care because they had the skills and knowledge to support people.

Supervision of staff was undertaken every two months. This was confirmed by talking with staff members and records looked at. This enabled staff to discuss their development and discuss any issues that may arise. One staff member said, "They do hold regular supervision sessions which I feel are needed to discuss anything that comes up." Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

Comments from people who lived at the home and relatives were positive in terms of their involvement in their care planning and consent to care and support. People visiting told us they were involved and consulted regarding

the care provided for their relative. They told us senior management were welcoming and would discuss with them any concerns they might have. They would also contact them immediately if this was required.

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and staff demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. We spoke with the registered manager and staff to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. Training schedules looked at confirmed staff had received instruction of the MCA and DoLS. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves.

The registered manager had requested the local authority to undertake DoLS assessments on people who lived at the home. However because of the amount of requests the assessments had not completed and were awaiting response from the local authority. We looked at one person's care plan and found appropriate arrangements in place to support this person. This showed the service knew the correct procedures to follow to make sure people's rights had been protected. During our observations we did not see any inappropriate restrictive practices.

People who were responsible for the kitchen area and preparation of meals had completed training in 'Food and Hygiene'. This demonstrated staff were confident in ensuring people received a healthy balanced diet by providing people with nutritious foods that met their dietary needs.

There was evidence in care records of appropriate assessment and care planning for nutritional needs. For example written evidence was recorded where referrals

Is the service effective?

were made to the dietician or general practitioner (GP) when people experienced weight loss or were not eating regularly. Records showed the action plan responding to weight loss and achieving weight gain as a result.

No concerns were raised about the quantity or quality of the food at the home with choice always available on the menu. One staff member said, "If they don't like what is on offer then I would prepare an alternative, it is not an issue." Snacks and drinks were available throughout the day in all parts of the home. The dining rooms were very clean and tidy. We observed lunch being served and found sufficient staff deployed to support people who required help eating their meals. Different portion sizes were being served to suit individual's needs. Comments about the quality of food included, "Great food and always plenty of choice."

We spoke with the staff member about meal preparation and people's nutritional needs. They confirmed they had

information about special diets and personal preferences and these were being met. We observed the chef preparing liquidised meals. The contents were blended separately and in special plates. This showed the service cared about the presentation of the meals for people who required special diets. One relative we spoke with said, "I do come at meal time sometimes. The meals are great and well presented."

The registered manager and senior staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. There was evidence of involvement of other health professionals as required. Records we looked at identified when health professionals had visited people and what action had been taken.

Is the service caring?

Our findings

We observed staff interacted with people in a caring and supportive way. People we spoke with told us they were treated with kindness and respect. One person who lived at the home said “Cannot say enough about the staff always caring, always respectful.” A relative said, “The staff were very good with [relative] despite their dementia they were patient and caring.” Most people living with dementia at the service had limited verbal communication. However we were able to speak with some people. One person said, “The staff are so kind and helpful.”

Part of our observation process (SOFI) we found good interactions between staff and people who lived at the home. People were not left on their own in any part of the building for any length of time. We observed staff giving people reassuring hugs when they were anxious and gentle hand squeezes. Staff could be seen kneeling or bending down to make sure they spoke with people at eye level. We observed people requesting to go to the toilet having their needs met quickly.

People told us they were supported to express their views and wishes about all aspects of life in the home. We observed the registered manager and deputy manager enquiring about people’s comfort and welfare throughout the visit and responding promptly if they required any help or assistance. For example during our visit an incident happened when a person had a fall. The staff and management team were on hand to respond promptly and take appropriate action.

We observed staff being caring and respectful towards people. For example one person had one to one support with a staff member. We witnessed the staff member was patient during a walk to the garden and chatted and showed patience as the person walked very slowly. The staff member said, “It is challenging but you have to be patient and take an interest in people who have dementia.”

During our walk around the premises and observations during the day, we saw staff knocked on people’s doors before entering. They would not enter until a response was given or they were aware the person was not in. One person who lived at the home said, “They are always polite and shout me gently before I tell them to come in.” A staff

member said, “It is only polite to wait for a response. Sometimes it is difficult when you know the person has a dementia condition. That is a case of getting to know the residents.”

We observed routines in all areas of the building were relaxed and arranged around people’s individual and collective needs. People wandered freely around the building. We observed one person who was living with dementia walk into the registered manager’s office during a meeting. They were made welcome and part of the meeting until they decided to walk to another area of the home. We saw people were provided with the choice of spending time on their own or in the lounge areas.

We looked at care records of three people. We saw evidence they had been involved with the development of their care needs where possible. People we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people’s current needs as well as their wishes and preferences. We saw evidence to demonstrate people’s care records were reviewed with them and their relative where needed. Care plans were updated monthly or when changes occurred. This ensured staff had up to date information about people’s needs. A relative we spoke with said, “We are consulted when any change in care plan was needed.”

We spoke with visitors and people who lived at the home about visiting times and if there were any restrictions. All responses informed us there was no time restriction and they were welcomed at any time of the day. One relative said, “They are so good always offer me refreshments when I arrive.” Another relative said, “If it is lunchtime they offer me a meal and it always looks good.”

We were informed by the management team and staff people who lived at the home had access to advocacy services. Information was available on display in the entrance to the building so people were aware of who to contact should they require the service. Although some people at the home were living with dementia at various stages the management team felt this was important. This meant it ensured people’s interests were represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive and supportive to their health and social needs. For example one person required support on a one to one basis and enjoyed being outside the home in the local community. A staff member said, “[The person] responds well when we go out and seems to enjoy being out and about.” Other comments from people who lived at the home included, “The staff are very good and seem to spend time with people which is nice.” Also, “I am happy here.”

We spent time in the dementia part of the building observing care practices and interactions between staff and people who lived at the home. There were specific staff responsible for organising meaningful activities designed to stimulate people living with dementia. For example, we observed music sessions, a staff member played a simple form of darts with one person. They appeared to enjoy the contact with the staff member. There was a reminiscence wall with visual and tactile displays appropriate to the elderly age group. This included photographs and household objects from the early 20th century and a board with different types of locks, keys and door knockers. All of these provided the opportunity for stimulation for people.

Staff were seen to be playing various games and engaging people in reminiscence sessions. We spoke with one staff member responsible for organising activities who said, “We can organise group activities or one to one events. I have received training in dementia care and enjoy the interaction with people.” One person said, “The activities lady is very good and puts a lot of effort into ensuring people enjoy themselves.”

People told us there were activities arranged that included trips out. For example the previous day a number of ‘residents’ had been taken to Blackpool Zoo a visit that was enjoyed by all taking part. This was confirmed by comments we received from people who lived at the home.

There was evidence of comprehensive, individualised, assessment and care planning within the care records we reviewed. We found examples where the registered manager and nursing staff had responded to changes in people’s needs. Care plans had been updated to provide information of the changes in care plans. We looked at referrals made to doctors, the continence service and dietician. Staff told us referrals had been made as soon as concerns had been identified.

We spoke with the registered manager and staff about their process for care planning when people were admitted to the home. They told us care plans were developed with the person and family members if appropriate as part of the assessment process. We found examples of this in care plans with input from relatives or the person themselves. Relatives told us they were consulted when care plans were due to be reviewed so that they were kept up to date of any changes in their relatives requirements. Care records we looked at had been developed from the assessment stage to be person centred, which meant they involved the person in planning their care. Person centred care was evident in care records. For example, one record stated the person likes to go to bed at 5:30pm. This was indicative of a service which was responsive to individual needs.

The service had a complaints procedure on display in the entrance of tie building for all to see. This was so people were aware of the process to follow and who to contact should they wish to make a complaint. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint.

We discussed the management of complaints with staff, who demonstrated a good understanding of the process for responding to complaints should there be any. A relative said, “We were given information on how to make a complaint but we never have had to.”

Is the service well-led?

Our findings

People who lived at the home and relatives we spoke with said they knew the registered manager and the management team provided a good service and that they operated the home well. For instance we only received positive comments and they included, “The manager is always available and runs a well-run ship.” A person who lived at the home said, “What I like about the manager is that she is always around and not stuck in the office.”

We observed during the day the registered manager and the management team was part of the staff providing care and joining in with activities and talking with people who lived at the home. One staff member said, “The manager is one of those who just helps out and wants to be involved which is great.”

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with felt the management team worked with them and showed leadership. One staff member said, “The manager has an open-door as far as having time to talk with her. She is always available to listen to any issues or concerns that need discussing.”

This was a large service with an area for supporting people living with dementia. From discussions with health professionals, staff relatives and people living at the home we found the service was well led. Comments from relatives included, “The home runs smoothly because the management and staff provide a good service for people and staff know what their duties are in my opinion.” A person who lived at the home said, “The manager supports the staff well that’s why the place runs well.”

We spoke with the registered manager and staff about people who lived and the home. They demonstrated a good awareness and knowledge of people’s needs. This showed they had a clear insight into the care of people who lived at the home. A member of staff said, “It is a big home but the management and all the staff ensure they get to

know residents well. It is difficult but that is what I like about the place, we are encouraged to get to know people so we become aware of any concerns that may come about.”

We found there were a range of audits and systems put in place by the organisation. These were put in place to monitor the quality of service provided. For example audits included reviews of care plans, the environment and medication. The area manager would visit the service on a regular basis and conduct audits to ensure the service was monitored and continued to develop. Any issues raised by the audits would be addressed by the registered manager and improvements made where required to make sure the service improved.

The nursing staff had handover meetings daily. These meetings discussed the day’s events to staff coming on duty and kept people informed of any issues or information staff should be aware of. This kept staff up to date with information concerning people so that they could provide the best care with all the information received from the previous staff.

Minutes of resident and staff meetings held were looked at. These meetings were held on a regular basis to discuss any issues or concerns within the service. Issues looked at included the minutes from the previous meetings, residents care, training, care reviews. We saw evidence that the registered manager followed up identified issues to ensure these were managed effectively.

We found the registered manager had sought the views of people about the performance of the service through anonymous feedback surveys for relatives and people who lived at the home annually. We looked at a sample of surveys recently completed. The feedback provided was positive with comments about the care provided and general running of the service. Comments included, “Well done Conifers all the family appreciate the care and attention you provide in regards to [relatives] health.” Also, “Everyone is so friendly the place is so well run.”